

Referral Form

Lifeline WA provide a Free Counselling Service for Separated Parents, their children and anyone suffering from Grief & Loss.

Please email the completed Referral Form to counselling@lifelinewa.org.au. For further information contact Lifeline WA **08 9261 4444** or visit wa.lifeline.org.au/services/counselling-services

Date of Referral

Referred by:

- | | | |
|---|----------|---------|
| Self | Parent | Friend |
| Family | Guardian | Partner |
| External Professional/Organisation/Agency | | |

ABOUT THE CLIENT – Details of Person Being Referred		
Name in Full:		Date of Birth:
Preferred Name:		
Gender:		
Female	Transgender Male (FTM)	Non-binary
Male	Transgender Female (MTF)	
Different Identity (please state) _____		
Pronouns: (please state)		
Address:		Postcode:
Telephone:		Email:
Is the Person being referred of Aboriginal or Torres Strait Islander Australian descent? If the Person being referred is both Aboriginal and Torres Strait Islander Australian descent, please tick both 'Yes' boxes		
No	YES - Aboriginal Australian	YES - Torres Strait Islander Australian
Is the person being referred of a Culturally and Linguistically Diverse (CaLD) background?	YES	NO
Main language spoken at home:		
Is an interpreter required?	YES	NO
Living Arrangements:		
Single Person	Sole Parent with dependants	Couple
Couple with Dependents	Grand Carers – couple	Grand Carer – single
Extended Family/Kinship		

Referral Form

Is the person aware of this referral and consents to us contacting them YES NO

If NO then do not complete this form, please contact reception on 9261 4444 or reception@lifelinewa.org.au

Are you referring for support for (please tick)

Separation

Grief & Loss

Both

Contact Times : Our service operates Monday to Friday from 9am – 5pm. What are the best times for us to contact you? (Referrer and person being referred).

ABOUT THE REFERRER – If you are referring on someone’s behalf, please put your details below		
Name:		
Organisation: (if applicable)		
Address:		Postcode:
Telephone:	Email:	
Relationship to the Person being referred: e.g. counsellor, case manager, parent, friend		
General Practitioner	Psychologist/Therapist	Psychiatrist
Case Manager	School Counsellor	Parent/Guardian
Agency	Family Member/Friend	Other
If other, please specify:		

As part of our referral process one of our counsellors will contact you directly. So that our counsellors can best support you or your friend/family member/client, please provide us with details and information for why you/they are seeking support.

Where possible please include relevant information about the following.

- Why you are wanting counselling support
- Physical health issues or concerns
- Mental health issues or concerns (including any diagnosis or medications)
- Details about any recent hospitalisations
- Difficulties in areas such as employment, family or other relationships, education, accommodation, drug and alcohol and legal issues (including family court)
- Safety risks or concerns (suicidal ideation or attempts, self-harm, aggression or risk to others, risk from others, conduct/risky behaviours.)
- Other services involved (including name & contact details, services/ supports provided, engagement with client)
- Issues with violence, aggression (including VROs)
- If you/the client is a previous or current serving member of any branch in the Australian Defence Force
- If you/the client is a previous or current first responder (e.g. Emergency Services)
- Any other relevant and helpful details

Referral Form

Details

Will your organisation continue engagement/support of this person if they engage with our counselling service?

Yes: (for how long?)	
No: (why?)	
Unsure: (why?)	

What is the referred person wanting to achieve (goals/outcomes) from counselling support?

Referral Form

For **External Professional/Agency Referral**, to proceed please attach all relevant documentation. This may include:

Other important and relevant information: As an External Professional/Agency Referral please provide any relevant information regarding the below: email to counselling@lifelinewa.org.au	
<ul style="list-style-type: none">• Assessments including any initial or risk assessments, (e.g. HEADSS, CHOICE appt, etc.)• Engagement summaries• Referrals from other appropriate services• Support letter/s• Client Safety plan & Risk management plan• Discharge summaries	
Please check box to confirm you have attached and sent information that accurately reflects and encompasses client circumstances.	<input type="checkbox"/>

Is there anything else you would like to tell us or let us know?

Please email completed referral form and accompanying documents to
counselling@lifelinewa.org.au

Please note that Lifeline WA's Counselling Services have a 24-hour cancellation policy.